

**JOINT STATEMENT OF LOSS OR DAMAGE AT DELIVERY***Privacy Act Statement*

**AUTHORITY:** The requested information is solicited pursuant to one or more of the following: 5 U.S.C. 301, 31 U.S.C. 3721 et seq., 31 U.S.C. 3711 et seq., and EO 9397, November 1943 (SSN).

**PRINCIPLE PURPOSE(S):** The information requested is to be used in evaluating claims.

**ROUTINE USE(S):** The information requested is used in the settlement of claims for loss, damage, or destruction of personal property and recovery from liable third parties.

**DISCLOSURE:** Voluntary; however, failure to supply the requested information or to execute the form may delay or otherwise hinder the payment of your claim.

**GENERAL INSTRUCTIONS:** The carrier's/contractor's representative will complete and sign DD Form 1840 and obtain the signature of the member or member's agent. The member or member's agent will not, under any circumstances, sign a blank or partially completed DD Form 1840. Three completed copies of DD form 1840 and blank DD Forms 1840R will be provided to the member or member's agent by the carrier's/contractor's representative for each shipment. If no loss or damage is involved, write "NONE" in description column.

**SECTION A - GENERAL** *(To be completed by carrier/contractor)*

1. NAME OF OWNER <i>(Last, First, Middle Initial)</i>		2. SOCIAL SECURITY NO.	3. RANK OR GRADE	4. NET WT OF SHIPMENT
5. ORIGIN OF SHIPMENT <i>(City, and State/County)</i>		6. DESTINATION OF SHIPMENT <i>(City and State/country)</i>		
7. PPGBL/ORDER NUMBER		8. PICKUP DATE	9. NAME AND ADDRESS OF CARRIER/CONTRACTOR	
10. CODE OF SERVICE	11. SCAC	12. CARRIER/CONTR REF. NO.		

**SECTION B - RECORD OF LOSS OR DAMAGE** *(To be completed jointly by member and carrier's/contractor's representative)*

13 Notice is hereby given to the carrier/contractor to whom this statement is surrendered that the shipment was received in condition as shown below and the claim, if any, will be made for such loss or damage as indicated subject to further inspection and notification to the claims office within 70 days by DD Form 1840R found on the reverse side hereof. THE VALUE INDICATED IN BLOCK 14c IS TO BE USED FOR QUALITY CONTROL ONLY.

a. Inv. No.	b. Name of Item	c. Description of loss or damage <i>(If missing, so indicate)</i>

14. ACKNOWLEDGEMENT BY MEMBER OR AGENT <i>(X and complete as applicable and sign below)</i>		15. ACKNOWLEDGEMENT BY CARRIER'S/CONTRACTOR'S REPRESENTATIVE <i>(X and complete as applicable and sign below)</i>	
a. I received my property in apparently good condition except as indicated above. A continuation sheet <input type="checkbox"/> was <input type="checkbox"/> was not used.		a. Property was delivered in apparently good condition except as otherwise noted above.	
b. Unpacking and removal of packing material, boxes, cartons, and other debris <input type="checkbox"/> is <input type="checkbox"/> is not waived.		b. I will initiate tracer action for missing items.	
c. I estimate the amount of my loss and/or damage at \$		c. Name of delivering carrier/agent/contractor	
d. I have received three copies of this form. <b>I understand that I have 70 days to list any further loss and/or damage on the back of this form and give this to the nearest claims office, and that failure to do so may result in my being paid a smaller amount on a claim.</b>			
e. Telephone Number	f. Date Signed	d. Storage in transit? <input type="checkbox"/> Yes <input type="checkbox"/> No	
g. Signature		e. Signature	f. Date Signed



**SECTION A – (To be completed by member)**

a. Name of Member <i>(Last, First, Middle Initial)</i>	b. PPGBL/Order Number	c. Date of Delivery
d. Origin of Shipment <i>(City and State/Country)</i>	e. Destination of Shipment <i>(City and State/Country)</i>	

**2. LIST OF PROPERTY LOSS/DAMAGE** (NOTE: Tracer action is requested for items listed as missing)

[illegible]

(NOTE: Mail original to home office of carrier/contractor listed in item 9 on DD Form 1840)

a. Name and Address ( <i>Street Address, City, State, and ZIP Code</i> )	b. Date of Dispatch

a. Name and Address of Claims Officer	b. Signature	
	c. Date Signed	d. Telephone Number